



## REQUEST FOR DATA CONSENT FORM

WIC cares about you and your family! We do health screening which includes assessing for growth, which requires measurements for weights and heights. WIC also screens for anemia which requires a blood test. Since we are now providing services remotely over the phone, it will be a great help to have this information prior to your WIC certification appointment if they are already available at your primary healthcare providers clinic.

Please return this form to the WIC clinic so that you can continue receiving appropriately targeted nutrition education. This information can be returned to WIC in person, fax, or email (guamwic@dphss.guam.gov).

### **WIC site phone and fax numbers:**

Tiyan: (671) 475-0296/96 fax 477-7949

Dededo: (671) 635-7471/72 fax 635-7476

Inarajan: (671) 828-7550 fax none

Santa Rita: (671) 565-3537 fax 565-3536

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By signing below, you are consenting to have the following information released to the Guam WIC Program

Auth Rep Name: \_\_\_\_\_ Signature: x \_\_\_\_\_ Date: \_\_\_\_\_

WIC participant's name: \_\_\_\_\_ WIC ID Number: \_\_\_\_\_

**Date of Blood Test:** \_\_\_\_\_ *(may be accepted if result is less than 12 months old without change in categorical status eg: blood test taken for a pregnant woman who is still pregnant when applying for WIC)*

**HGB** \_\_\_\_\_ **or** **HCT** \_\_\_\_\_

**Date of weight and height taken:** \_\_\_\_\_ *(may be accepted if less than 60 days old)*

**Weight** \_\_\_\_\_ **Length/Height** \_\_\_\_\_

Signature of healthcare professional: \_\_\_\_\_ Date: \_\_\_\_\_